



CITY OF DELTONA

BUILDING AND ZONING SERVICES DEPARTMENT

2345 Providence Blvd - Deltona, FL 32725

Permitting: (386) 878-8650 – (386) 878-8660 – E-mail: permitting@deltonafl.gov

RESPONSE TO COMMENTS

[PERMITS NOT ISSUED]

MUST BE COMPLETED BY PERMIT APPLICANT

Incomplete submittals will be returned to applicant

Copies required:

Residential – 1 Copy

Commercial – 2 Copies

RESPONSES FOR PERMITS WILL NOT BE ACCEPTED VIA FAX

DATE: _____ Received By: _____
PERMIT # _____ PERMIT TYPE (SFR, Shed, etc) _____
JOB SITE ADDRESS _____
CONTRACTOR'S NAME _____
CONTACT NAME: _____ CONTACT PHONE # _____
CONTACT FAX # _____ E-MAIL _____

RESPONSE TO:

- | | | |
|--|---|--|
| <input type="checkbox"/> Zoning – For zoning comments received (change of location or design, tree survey, etc) | <input type="checkbox"/> Building – For building comments received (Plan, Trusses, energy calculation, etc) | <input type="checkbox"/> Engineering (For comments received from the City Engineer (Grading, Drainage, etc) |
| <input type="checkbox"/> Land Development - For development comments received (Change of Grading, GEO, Finish Floor Elevation, etc) | <input type="checkbox"/> Fire Marshal – for fire comments received (fire suppression system, fire sprinklers, etc) | <input type="checkbox"/> Other (specify): _____ |

Information Submitted (including number of copies):

OFFICE USE ONLY

<input type="checkbox"/> <u>Zoning:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____
<input type="checkbox"/> <u>L.D:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____
<input type="checkbox"/> <u>Plan Review:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____
<input type="checkbox"/> <u>Other:</u> _____	Date: _____	Approved _____	Rejected _____	Faxed Date: _____

Comments:

RESPONSE # _____ **AMOUNT \$** _____